



**TOWN OF FARMVILLE**  
*An Equal Opportunity Employer*  
**Application for Employment**

116 N. Main Street  
P.O. Drawer 368  
Farmville, VA 23901  
Email: hr@farmvilleva.com

Employees of the Town of Farmville and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, sexual identity, sexual orientation, gender, or age.

As a mean of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Town of Farmville at 434.392.5686.

**Position Applied For:** \_\_\_\_\_  
(one per application)

**GENERAL INFORMATION**

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Mailing Address** (if not the same as above): \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**EDUCATION**

Do you have a high school diploma or GED?  Yes  No

Check number of years of post-high school education  1  2  3  4  5  6  7

Name and Location of High School and/or College	Degree Received	Major or Specialty	Minor	Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

**EXPERIENCE**

Starting with the most recent, describe *ALL* paid, military, and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. *Use Supplementary Experience Form(s) for additional space.*

**Job Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor & Title:** \_\_\_\_\_ **Salary:** (start) \_\_\_\_\_ (finish) \_\_\_\_\_

**Dates:** (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ **Status:**  Full-time  Part-time **Hours/week** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor & Title:** \_\_\_\_\_ **Salary:** (start) \_\_\_\_\_ (finish) \_\_\_\_\_

**Dates:** (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ **Status:**  Full-time  Part-time **Hours/week** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor & Title:** \_\_\_\_\_ **Salary:** (start) \_\_\_\_\_ (finish) \_\_\_\_\_

**Dates:** (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ **Status:**  Full-time  Part-time **Hours/week** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**ADDITIONAL INFORMATION**

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:  
\_\_\_\_\_  
\_\_\_\_\_

(If applicable) **Typing speed** \_\_\_\_\_ **words per minute.**

**License, certificate, or other authorization to practice a trade or profession:**

Type	License Number	Granted by (licensing board)
_____	_____	_____

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your professional qualifications.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**MISCELLANEOUS**

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? \_\_\_\_\_ Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certificate verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

**CERTIFICATION** (Each application requires current date and original signature)

By my signature below, I certify that all information submitted in this application for employment is true and complete. I understand that it is subject to verification and any falsification or omission, regardless of time of discovery, may result in my application being removed from consideration or separation from employment, if hired. I authorize the Town to contact the references, former employers and educational institutions listed about the information I have provided. I further authorize the Town to consider the information received from such sources, as it sees fit in the course of my application and/or employment.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

How did you find out about this opening?  Town Website  Govtjobs.com  Newspaper  Other \_\_\_\_\_

**TOWN OF FARMVILLE**  
**Application for Employment**  
**Supplementary Experience Form**

**Full Legal Name:** \_\_\_\_\_ **Position Applied For:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor & Title:** \_\_\_\_\_ **Salary:** (start) \_\_\_\_\_ (finish) \_\_\_\_\_

**Dates:** (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ **Status:**  Full-time  Part-time **Hours/week** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
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**Dates:** (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ **Status:**  Full-time  Part-time **Hours/week** \_\_\_\_\_

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**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
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